

UNITED STATES DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 21 1960

-60-041006

ENDED

Registration District No. 31 Primary Registration District No. 5107 Registrar's No. 18 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Benton,</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>U.S. Highway 65, N. Lincoln,</u> Length of stay in 1b <u>Transit,</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U.S. Highway, 65, N. Lincoln,</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY OR TOWN <u>Knob Noster, Missouri</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Hughes Traylor Court,</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or print) First <u>WAYNE</u> Middle <u>CHARLES</u> Last <u>SCHUMAKER</u>				4. DATE OF DEATH Month <u>11</u> Day <u>11</u> Year <u>1960</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-22-39</u>		9. AGE (last birthday) <u>21</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Airman 2nd Class,</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Whitemen A.F. Base,</u>				11. BIRTHPLACE (City and state or country) <u>N.Y.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Donald F. Schumaker,</u>				13b. MOTHER'S MAIDEN NAME <u>Helen J. Schumaker ?</u>				14. NAME OF HUSBAND OR WIFE <u>Janice M. Schumaker.</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>				16. SOCIAL SECURITY NO. <u>056-32-2367</u>				17. INFORMANT <u>Service Records found on Body</u> Address <u> </u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Physical Shock</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> DUE TO (b) <u>Extensive Physical Trauma</u> <u>5 min</u> DUE TO (c) <u>automobile Collision</u> <u>5 min</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Traveling on Public Highway</u>												PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Extensive Physical Trauma</u>											
20c. TIME OF INJURY Hour <u>7:45</u> p.m. Month, Day, Year <u>11-11-60</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>		20f. CITY, TOWN, OR LOCATION <u>N. Lincoln on US 65</u>		COUNTY <u>Benton</u>		STATE <u>Mo</u>					
21. I attended the deceased from <u>Dead on arrival</u> and last saw him alive on <u>Dead on arrival</u> Death occurred at <u>7:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <u>Guss Schally - Benton Co. Coroner</u>						22b. ADDRESS <u>Watsaw Mo</u>				22c. DATE SIGNED <u>11-11-60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-13, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Red Creek, N.Y.</u>				23d. LOCATION (City, town, or county) (State) <u>Red Creek, N.Y.</u>							
24. FUNERAL DIRECTOR <u>The Brauningers, Warrensburg, Mo.</u>						25. DATE RECD. BY LOCAL REG. <u>Nov 18 1960</u>		26. REGISTRAR'S SIGNATURE <u>E. E. Schally</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 3 1961

APR 4 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by self, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. A. Brainerd

Licensed Embalmer No. 3377

P. O. Address Warren, Mich

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.